

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90352 008 ***550.00

DOCUMENT # P 000 000 31369

1. Entity Name

GULF BEACH CONNECTION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

309 BELLE ISLE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

309 BELLE ISLE AVE.

CITY-STATE
BELLEAIR BEACH, FL

CITY-STATE
BELLEAIR BEACH, FL

4. FEI Number

59-3641999

Applied For

Not Applicable

Zip
FL 33786

Country
USA

Zip
33786

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VIRGINIA G. ENGLAND, CPA

Street Address (P.O. Box Number is Not Acceptable)

801 WEST 15th AVE

SUITE 1506

City

LARGO

FL

Zip Code

33770-3220

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRESIDENT
JOHN M. HAWKRIQUE
309 BELLE ISLE AVE.
BELLEAIR BEACH, FL 33786

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SECRETARY / TREASURER
LILIANA MEDIC
309 BELLE ISLE AVE.
BELLEAIR BEACH, FL 33786

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. HAWKRIQUE

Date

Daytime Phone #

727-596-6890

CR2E034B (12/01)